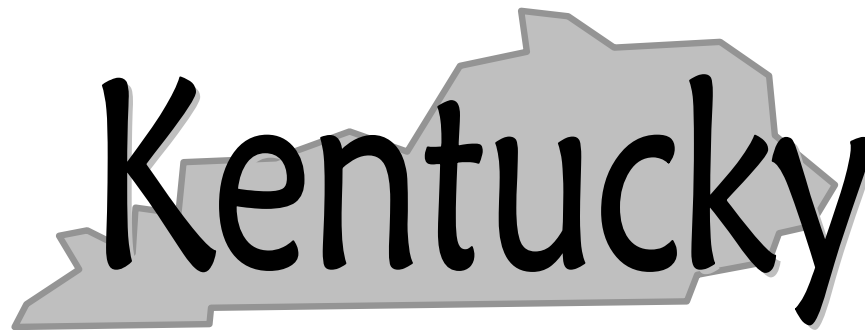


2010 ANNUAL SURVEY OF PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES



January 1, 2010 - December 31, 2010

**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF HEALTH POLICY
275 EAST MAIN STREET 4 W-E
FRANKFORT, KY 40621**

Completion required by 900 KAR 6:125 and 902 KAR 20:008 (rev 10-15-03)

2010 KENTUCKY ANNUAL SURVEY OF PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES

PLEASE READ THIS PAGE CAREFULLY BEFORE BEGINNING

The Office of Health Policy in the Kentucky Cabinet for Health and Family Services is responsible for the development of the Kentucky Annual Psychiatric Residential Treatment Facility (PRTF) Services Report. This survey is for the period **January 1, 2010 through December 31, 2010**.

The data requested in this document represent requirements approved by the Cabinet for Health Services pursuant to 900 KAR 6:125 and 902 KAR 20:008 (rev 10-15-03). Survey's are due March 15, 2011. Completion of this document is required in accordance with your Kentucky License. Failure to submit data timely and correctly may result in the Office of the Inspector General being contacted regarding a licensure deficiency. The PRTF survey must be completed and submitted via the web site: <https://apps.chfs.ky.gov/OHPSurvey/>.

Any changes in the services provided from the last survey period should be footnoted. When a discrepancy in services is noticed between surveys, the cause must be determined. There will be space provided on the web site to explain any changes in service. **Any survey found to have errors or omissions will not be considered complete and will not be considered submitted by the deadline.**

Psychiatric residential treatment facility (PRTF) has two levels of treatment. Level I community-based, and home-like facility with a maximum of nine (9) beds which provides inpatient psychiatric residential treatment to residents age six (6) to twenty-one (21) years who have an emotional disability or severe emotional disability as defined in KRS 200.503. Level II home-like facility that provides twenty-four (24) hour inpatient psychiatric residential treatment and rehabilitation to persons who:

1. Are ages four (4) to twenty-one (21) years, with an age range of no greater than five (5) years at the time of admission to the facility;
2. Have a severe emotional disability as defined by KRS 200.503 in addition to severe and persistent aggressive behaviors, intellectual disability, sexually acting out behaviors, or development disability; and

Do not meet the medical necessity criteria for an acute care hospital or a psychiatric hospital and whose treatment needs cannot be met in an ambulatory care setting, Level I psychiatric residential treatment facility, or other less restrictive environment.

INSTRUCTIONS: Complete all items. If there are no data for an item, please use zero.

- Admission – Patients admitted from January 1 through December 31, including readmits.
- Inpatient Days – Number of days of care for all patients serviced during the reporting period.
- Discharges – Patients discharged from January 1 through December 31.
- Discharge Days – Sum of the Length of Stay (LOS) of those discharged during reporting period.
- Level I and II Age Groups – A patient should be placed in the age group in which they belong as of Dec 31. Data is by age of patient not program patient is being treated in.

REPORT FOR THE PERIOD JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY UTILIZATION					
Service Type	Beds in Operation (At end of reporting period)	Admissions	Number of Inpatient Days	Number of Discharges	Number of Discharge Days
Level I					
1. Ages (6 - 11 years)					
2. Ages (12 – 16 years)					
3. Ages (17-21 years)					
A. Level I Total					
Level II					
1. Ages (4 – 5 years)					
2. Ages (6 - 11 years)					
3. Ages (12 – 16 years)					
4. Ages (17 - 21 years)					
B. Level II Total					

What specialty programs does this facility provide and what age groups does it cover? Please list all in the text box below.

INSTRUCTIONS: Complete all items. If there are no data for an item, please use zero.

- Level I and II Age Groups – A patient should be placed in the age group in which they belong as of Dec 31. Data is by age of patient not program patient is being treated in.
- Discharge – Is the discharge status of the patient at the time of discharge.
- Discharge to Level I or II – If patient is transferred within the same facility to another level of care or to another facility.

REPORT FOR THE PERIOD JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY UTILIZATION						
Service Type	Discharged Home	Discharged Juvenile Treatment Center or Jail	Discharged Psychiatric Hospital	Discharged Acute Care Hospital	Discharged to Level I	Discharged to Level II
Level I						
1. Ages (6 - 11 years)						
2. Ages (12 – 16 years)						
3. Ages (17-21 years)						
A. Level I Total						
Level II						
1. Ages (4 – 5 years)						
2. Ages (6 - 11 years)						
3. Ages (12 – 16 years)						
4. Ages (17 - 21 years)						
B. Level II Total						

If patient discharged other than the above, then give the number and explain below.

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INSTRUCTIONS: Complete all items. If there are no data for an item, please use zero.

- Level I and II Age Groups – A patient should be placed in the age group in which they belong as of Dec 31. Data is by age of patient not program patient is being treated in.
- Readmit – Patient that is readmitted from this facility or any other PRTF. Data should be collected at the time of intake. Readmit data would not include initial admission to a PRTF.

REPORT FOR THE PERIOD JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY UTILIZATION								
Service Type	Readmit to Level I 0 - 3 Months	Readmit to Level I 4 -6 Months	Readmit to Level I 7 - 9 Months	Readmit to Level I 10 - 12 Months	Readmit to Level II 0 - 3 Months	Readmit to Level II 4 -6 Months	Readmit to Level II 7 - 9 Months	Readmit to Level II 10 - 12 Months
Level I								
1. Ages (6 - 11 years)								
2. Ages (12 – 16 years)								
3. Ages (17-21 years)								
A. Level I Total								
Level II								
1. Ages (4 – 5 years)								
2. Ages (6 - 11 years)								
3. Ages (12 – 16 years)								
4. Ages (17 - 21 years)								
B. Level II Total								

CENSUS AND LICENSURE DATA FOR PRTF

CENSUS DATA

Census as of Midnight,

	Level I	Level II
December 31, 2009:	_____	_____
December 31, 2010:	_____	_____

Beds Licensure Category:

	Number of Licensed Beds Jan 1, 2011 (per Licensing & Regulation)	Number of Licensed Beds Jan 31, 2010	Number of Licensed Beds Dec 31, 2010
i. Level I		_____	_____
ii. Level II		_____	_____

If number of licensed beds changed between the first day of the reporting period and the last day of the reporting period, please give date and type of change by category.

PATIENT ORIGIN DATA

- Please provide the number, county of origin (county in which the patient resided before entering your facility) and age group for all Level I and Level II patients in your facility as of the midnight census on December 31, 2010.
- Enter your first county, then add up the number of patients, from your ending census, who came from that county and enter the total patients for each age group. Repeat this for all other counties from which your facility's patients originated. If a patient comes from another state, then indicate a state rather than a county.

County and State	Ages (4 – 5 years)	Ages (6 - 11 years)	Ages (12 – 16 years)	Ages (17- 21 years)	Total Males	Total Females	County Total

Comment Box is provided for facilities to make comments regarding the data. All comments are published in an annual report that is released across the state. Only comments that are for publication should be included. Contact survey administrator to share any other comments.

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Certification and Verification Section

On behalf of the administration the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the hospital's activity in compliance with 900 KAR 6:125 and 902 KAR 20:008 (rev 10-15-03).

Policies regarding data submission and changes to data can be reviewed on the OHP web site: <http://chfs.ky.gov/ohp/>. By signing you are certifying this data is correct.

Signed_____

Date_____

Special Note: It will not be necessary for you to return this form online data submission is required.

NOTICE: Please review the data entered on this survey. Check that all questions have been answered accurately and in full. Refer to the instructions for each section if you have any questions. If any part of the survey is not clear to you, please call Beth Morris in the Office of Health Policy at (502) 564-9592 or email betha.morris@ky.gov before submitting the survey. It is important to complete this survey accurately by the deadline in order to be in compliance with licensing and certificate of need requirements. Please complete and submit the Psychiatric Residential Treatment Facility Utilization Survey on the following Internet Web Site: <https://apps.chfs.ky.gov/OHPSurvey/Default.aspx>. Once the data has been received, edited, and published by this office, no changes will be made.